



Los Angeles County Department of Regional Planning

Public Health Referral Form for Parcels Connected to Private Sewer

(For the ministerial review pursuant to SB 9)

Pursuant to Senate Bill (SB) 9, which among other things, added Section 65852.21 to the Government Code and became effective January 1, 2022, certain development applications for two (2) dwelling units on a parcel within a single-family residence zone may be reviewed ministerially, and without the requirement of a public hearing if projects meet all of the eligibility criteria, including those pertaining to the project's pre-existing site conditions. Projects proposed on a parcel with an existing private wastewater system must obtain clearance from the Department of Public Health confirmed by this form prior to submitting an application for review under SB 9 to the Department of Regional Planning (DRP).

Instruction to Applicant: If the project site has a private wastewater (sewer) system, please complete Sections A and B below and submit this form, along with an "Application for Onsite Wastewater Treatment System (OWTS) Review" to the Department of Public Health (DPH) for proposed system approval. The form, with Section C completed and signed by DPH staff, must be included as part of the Ministerial Site Plan Review (SPR) application submittal to DRP.

A. SUBJECT PROPERTY

Assessor's Parcel Number(s)

Property Address or Site Location

B. OWNER / APPLICANT CERTIFICATION

I certify under penalty of perjury that I am the owner of the above-mentioned property, or I am an authorized representative who intends to submit an application for review under SB 9 on the owner's behalf. ☐

Signature (Blue Ink):

Date:

Print Name:

Check One: ☐ Owner ☐ Applicant

C. FOR PUBLIC HEALTH STAFF USE ONLY – PUBLIC HEALTH CLEARANCE

I certify that the above-mentioned property has an approved onsite wastewater treatment system, and that (*check one of the boxes below*):

☐ A percolation test was completed within the 5-year period prior to the date of this referral form.

Reference #: _____

Date of Test: _____

☐ A percolation test has been recertified within the 10-year period prior to the date of this referral form.

Reference #: _____

Date of Recertification: _____

Print Name: _____

Signature: _____

Title: _____

Date: _____